

## I 018646

ENOL 7-1 CY07

United States Department of Agriculture

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental Services, Unit 149 4700 River Road Riverdale, MD 20737

PERMANENT
Retire 07/12

July 11, 2007

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504P) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Norman Spurling (7502P)

SUBJECT:

FIFRA, Section 6(a)(2) report: aggregate adverse effects incidents dated March, April, and May 2007 for the reporting period ending July 30, 2007

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 30, 2007.

EPA Reg. No. 56228-15M-44 Cyanide Capsules Active Ingredient: CAS No. 143-33-9

Sodium Cyanide

D-A 2
W-B 1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seeley

Chief, Environmental Services

Enclosure



### U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

-001

·	. 6	(a)(2) ADVERS	SE EFFECTS I	NCIDENT INFO	RMATION REPORT		
INCIDENT CODE			CIDENT STATUS		DATE WS BECAME AV		
A-A	1	ate	Update	Date of last submis	ston	REPORT NUMBER	l
$\mathcal{O}^{-1}$	EX New	3-12-07	III Oppose		3-13-0	1	
EMPLOYEE NAME (To conta	act for additiona	l information) TEI	EPHONE NUMBER	CONTACT NAM	ME (If Non-APHIS )	TELEPHONE NUM	BER
		į.					
DUTY STATION ADDRESS				ADDRESS			
	INCIDENT	LOCATION	<del></del>	SOURCE OF I	IFORMATION		
СПҮ	s	TATE CO	UNTY	X Self	X Telephone Call	Letter	
		VA		1	Oral Report		
EXPOSURE TYPE (Examples	s include soill s	solash drift runoff or	other.)				
En ocone i in e (example)	o and doc upm,	Spicari, arm, randi a	<b></b>				
						12	
INCIDENT SITE (examples agricultural (specify crop), r	rangeland/pas	ture, noncrop area,	fallow field, public I	ands application, mix	ring/loading, reentry, during tra	VERSE INCIDENT: [example: insport, repair/maintenance of a	
(specify), recreational area (s	pecity), right-of	-way (rail, utility, high	way)]	equipment, dur	ing manufacturing/formulation)		
	•				v3 1 8/3 1	المحالية	
lives-10	DC.K D	asture		Dog	pulled M-L	in sogium	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-·· r				nide ejecto		
EPA REGISTRATION NUMB	IER P	PRODUCT NAME		— — — <sub></sub>	ACTIVE INGREDIENT		
56228-15			ium cuani	ide (cupsules		ride 91.06%	
WAS THE PRODUCT		VHAT WAS THE DILL			WERE THE LABEL	WAS THE APPLICATOR	
	1	THAT THAT THE DILL	отом коспо (парр	iicolic <sub>j</sub>	DIRECTIONS FOLLOWED	CERTIFIED (If applicable)	
	luted '				Yes No	Yes No	
IS THERE EVIDENCE OF IN	TENTIONAL M	IISUSE (If "Yes", expl	ain)			•	
Yes No							
SUMMARY OF THE INCIDE			•	(5)			
Received	_ a_ <del>\</del>	elepho.	ax call	L trom	cooperator,		
Atati a	o. 1	on had	heen.	found	dead on	are adjoining	
sidery	0. C	3	-1	h = 10 a	at dois as	m illi soci	j
properte	7. 1771	ier a . co	ete Viai	i kina M	ext clay an	_ M-44 Jod	urn
cyanida	· il	ctor wo	ed tour	d pull	ed approxin	rately 200-	400
Jarda f	rem	where 7	the dog	was fi	owned Door 1	rad been	•
7		Dog wo	ic not.	assesse	d bu	nately 200- rad been	tion
was ge	attions	of France			F	/-//102	•
com ge	- المالكالمالية	L(A - 1 C) P7				••••	<b>`.:</b>
NAME OF PREPARER		[ SIGN	atila#		TELEPHONE NUMBER	DATE	•
, , ,,,,, ,,,,,,,,,,,,,,,,,,,,,		1				• • • • • • • • • • • • • • • • • • • •	••••
							• •
NAME OF SUPERVISOR		SIGN	ATURF		TELEPHONE NUMBER	DATE	••
		}					• •••
WS FORM 160-R (June	99)	(Loc	al Reproduction A	uthorized)		• •	•••
			,			• • •	• . •

			ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLO	RA INCIDENT - SUPPLEM	ENTAL REPORT FORM	REPORT NUMBER
ONE		"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammal	Invertebrate Reptile Plant	Domestic Wild	
ECIES COMMON NAME		BREED (If known)	11:
clomestic dog scribe signs, symptoms, adverse effects		border C	illie
	400	y und day'r a	7 ( 4.
Dog was found 20 gathered from	north by oc	n-my cientice.	-ntormation
gathered from	Dog.	g was not seen	, by myself.
5			
ABORATORY TESTS WERE PERFORMED, LIST NAME	OF TEST(S) AND RESULTS (if availate	ble, attach copies):	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NA			
,			
AGNITUDE OF THE EFFECT (e.g., miles of streams, square	e area of terrestrial habitat)		
NA			
STICIDE APPLICATION RATE AND METHOD OF APPLICA	ATION (Include brief description of bai	iting if applicable)	
In accordance wi	th 600 010 15	e restrictions	
	17 C. 17 3 C. C.		
AS PREBAITING USED ON THE SITE (Describe) Yes X No			
٠			
SCRIPTION OF THE HABITAT AND CIRCUMSTANCES U	INDER WHICH THE INCIDENT OCCU	IRRED	
Sheep and catt	le pasture		
	,		
DOTTIONAL FACTORS	,	• •	
Dog owner was cus	sisted by	in tin	ding the dog.
all information partai	ning to the inc	eident was gat	hered from
Site Visit and	No fe	wither minner	with the
Dog owner was case all information pertain site visit and expected regarding the	مار مار مار مارک خار	- , Francisco Correction	7.5
expected regarding	1) MUICENT		DATE
ANTE OF DOEDABED	SIGNATURE		WV 6
AME OF PREPARER	į		
WIE OF FREFAREN			
WIE OF FREFAREN	SIGNATURE		dA16
AME OF PREPARER  AME OF SUPERVISOR	SIGNATURE		date.

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## U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT INCIDENT STATUS INCIDENT CODE DATE WS BECAME AWARE **ES USE ONLY** OF THE INCIDENT REPORT NUMBER Date of last submission Mew 4-23-07 Update 4-23-07 EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER CONTACT NAME (If Non-APHIS ) TELEPHONE NUMBER **DUTY STATION ADDRESS** ADDRESS SOURCE OF INFORMATION INCIDENT LOCATION STATE COUNTY Self Telephone Call Letter VΆ Oral Report Other EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) INCIDENT SITE [examples include commercial or residential sites, forest/woods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands application, mixing/loading, reentry, during transport, repair/maintenance of application (specify), recreational area (specify), right-of-way (rail, utility, highway)] equipment, during manufacturing/formulation) Dog pulled M-44 sodium Livestock pasture cyanide ejector. PRODUCT NAME **ACTIVE INGREDIENT EPA REGISTRATION NUMBER** sodium cyanide 91.06% M-44 sodium cyanide capsules 56 228-15 WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (if applicable) WERE THE LABEL WAS THE APPLICATOR CERTIFIED (If applicable) DIRECTIONS FOLLOWED Concentrated Diluted Yes No Yes No IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) Yes W No SUMMARY OF THE INCIDENT (Attach supplemental form if needed) Found dog approximately led yards from pulled M-HH Sodium cyanide ejector during a routine check. Dog had been free roaming, and was 2.5 miks from home SIGNATURE NAME OF PREPARER TELEPHONE NUMBER SIGNATURE NAME OF SUPERVISOR TELEPHONE NUMBER

(Local Reproduction Authorized)

WS FORM 160-R (June 99)

•		REPORT NUMBER
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENT	NTAL REPORT FORM	SKI NORBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammal Invertebrate Reptile Plant	Domestic Wild	
SPECIES COMMON NAME	BREED (If known)	Collie
domestic dog	<u> </u>	2.01(10
Dog was found las yards from device.	, a fulled	M-HH
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	, attach copies):	
NA		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
NA		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of bailing	ı il annlirable)	
In accordance with EPA 26		ons
WAS PREBAITING USED ON THE SITE (Describe)  Yes X No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCUR	RED	,
Sheep and cattle pasture.		
ADDITIONAL FACTORS		
Dog owner was notified and we the situation. No further community regarding this incident.	as understantication is ux	ding of picted
NAME OF PREPARER SIGNATURE	•••	рате
	:	
NAME OF SUPERVISOR SIGNATURE.	* * * * * * * * * * * * * * * * * * *	DATE
WS FORM 160B-R (June 99) (Local Reproduction Authorized)		5
		•• 5

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANIMAL DAMAGE CONTROL

INSTRUCTIONS: This form is for use as directed by supervisor totlowing the injury or death of domestic animals or threatened/endangered species by AOC equipment or actions. Complete all applicable Items, additional questions are on reverse side of

REPORT OF INJURY OR DEATH OF NONTARGET ANIMAL						this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal it possible.					
1, DESCRIPTION OF ANIMAL						2. IS TORT CLAME I AMOUNT			AMOUNT (Estimated)		
Species			Breed	(if applicable)	Estimated Weight	Age Class	Sex		LIKELY?		
1)0	29		B	order Collie	HO ILS	14 months	Male D Female		Yes	Div.	; ; \$
3. NAME, C	OF OW	NER OF ANIMAL	4A ACCIDENT LO	CATION (nea	rest city#	lown, ranch	or highwa	y intersection)			
Street Add	iress/P	.Q. 8as	···		<del></del>	COUNTY/PARISH				CTATE	VA
City/Town											
City/10#II	_			Name of Property Owner or Land Managing Office							
State	Zip	Code Ph	one No.			Private BLM	Street Address/P.O. Box				·
4C. LAND	DPERA	TOR (Lessee) NAM	USFS	Cliv/Town			<del></del>				
						State		r <del></del>			
						Dihar	V A	Zip Co	qs .	Phone N	<b>o</b> .
					5. DEATH						
Indicate dis	positio	on of an <del>imal</del>		of injury or death	Cause: (If injury, (		1.14.1				1
tnju	ury	Deuth	14	-23-07	Pulled	d an m	-44	<u>eya</u>	<u>~~~</u>	<u> </u>	ector
SA WAS A	UTOPS D FOR	TOXIC MATERIAL	R SAMPLE	68. BY WHOM		6C. FINDINGS					
Yes	s	No			· · · · · · · · · · · · · · · · · · ·						
7. WAS OW IN AREA		AWARE OF CONTR	OL WORK	8. DID ANIMAL BELONG TO OF PROPERTY WHERE CO					10. WAS CONTROL SITE PROPERLY POSTED WITH SIGNS IN READABLE CONDITION		
<b>⊠</b> √•.	s	<b>□</b> №		BEING DONE	No	Yes No				o.	
11: NAME	OF EM	PLOYEE CONDUC	TING CONT	TROL WORK	•	TO PREVENT RECU	RRENCE				
					1 NA						
REPORT	T OF	INCIDENT: ALL	ach addition	nal sheets as nucessary. Attack	n statements of witne	sses, photocopy of a	greement, m	ap of loca	ation and pl	notos of si	te and animal if possible.
13. IN CAS	ES IN	OLVING THREATE	NED AND	ENDANGERED (T&E) SPECIES	NOTE SIGNIFICANCE	OF LOSS TO LOCAL	LMATIONAL	POPULA	TION		
		<b>.</b>									
		MA									
			•								
WAS TRE	SPEC	IES PREVIOUSLY	KNOWN TO	EXIST IN AREA?	☐ No						
					CHEMICAL	7.02.02.00.00.00.00.00.00.00.00.00.00.00.	1			er e (gji)	
Social S	ക്ക	$\circ$	15. STRE		16. REGISTRATH	228 - 15			17. CARRIER BAIT		
Cya			1 4	1.060/0	() () o	(20-1)			ĮΥΥ	1-41	4
18. SYMP	TOMS	EVIDENT	$\cap$	. \	S 1 1. A	unide Oux	19. TIME TO SY	ELAPSED MPTOMS	FROM INC	ESTION	20. ANIMAL'S PROXIMITY TO TOXICANT
$\omega$	-4	u was	tire	d, dog was f	ound leo	yarus amu	<b>Y</b>	NA			60 yards
					MECHANIC	***************************************				***	J
21. TYPE			1.5 DESC	CRIBE SET:	22. ESTIMATED	TIME ANIMAL IN EQ	WIPMENT		23. DATE	OF LAST	EQUIPMENT CHECK
			1							•	•
24. NATUR				ORK BEING CONDUCTED (I.e., o						••	••••
	~		_ 1.	on of live	strek 1	nas occ	Lucre	ed	in	çere	<b>i</b>
	U	x pred				•••	•	• •			
		-								.:	•
											•••••
								•••			
											• •

25. DESCRIPTION OF CONTROL SITE (Names) residence, road, couperator boundary time)
Livestock pasture
AVEOTOCK public C
25. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT (Siyns, Program Policy, State/Fedwal law)
yes
27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL
Dog entered cooperators pasture and pulled M-44
sodium cyanide éjector
28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?
29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE
29, DESCRIBE EVIDENCE II SCALE III COMPANIA CONTRACTOR
NA .
30. EMPLOYEE COMMENTS (attach additional page if necessary)
Dog had been free roaming approximately 2.5 miles away from home at time of incident.
away from home at time of incident.
31. SIGNATURE OF EMPLOYEE  32. DATE  4-26-07
1). SUPERVISORANVESTIGATING OFFICER COMMENTS (Attach additional page if necessary)
·
•••
••••••••••••••••••••••••••••••••••••••
14. SIGNAJ GRE-OF-INVESTIGATING OFFICER 25. DATE 24. SIGNATURE OF SUPERVISOR 37. DATE 37. DATE
i i
5=1-7

### U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

-003

		6(a)(2) ADV	ERSE	EFFECTS IN	CIDENT INFO	KMA	TION REPORT				
INCIDENT CODE		D-t-	INCIE	ENT STATUS	Data - (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DATE WS BECAME AWARE OF THE INCIDENT			ES USE ONLY REPORT NUMBER		
W-B	New	Date H-30-0	) [7]	Update	Date of last submis	SION	4-30-0"	7	REPORT NUMBER		
EMPLOYEE NAME (To contact			-	PHONE NUMBER	CONTACT NA	ME (H I	L	•	TELEPHONE NUMBER		
DUTY STATION ADDRESS			<u>i</u>		ADDRESS						
	INCIDE	NT LOCATION			SOURCE OF H	NFORM	MATION		<i>a</i>		
спу	-	STATE V (-)	COUN	ΤΥ	Setf	a	Telephone Call Oral Report	Letter Other			
EXPOSURE TYPE (Examples	include snil	II, splash, drift, runc	off or oth	er.)							
INCIDENT SITE (examples agricultural (specify crop), racreational area (specify), recreational area	include co ingeland/pa ecify), right-	ommercial or res asture, noncrop a of-way (rail, utility,	idential rea, fall highwa	sites, forest/wood ow field, public lan	ds application, mi equipment, dur	xing/loa ring ma		nsport, rep			
EPA REGISTRATION NUMBE	R	PRODUCT NAME M-44 Sc		m Cycenid	c Corpsula	ł	se ingredient Sodium co	yari	de 91.06%		
WAS THE PRODUCT			_	ON RATIO (If applica		<del></del>	E THE LABEL	<del>',                                     </del>	THE APPLICATOR		
Concentrated Ditut	ed				·	DIRECTIONS FOLLOWED CERTIFIED (If applicable)    Ves			FIED (If applicable)		
IS THERE EVIDENCE OF INTE	ENTIONAL	MISUSE (H "Yee"	exnlain\			<u> </u>	169 NO		res No		
Yes W No			Схренту								
SUMMARY OF THE INCIDENT	r (Attach su	pplemental form if	needed	) .				<del></del>			
Found M-44:	old 11608	uck bed um Cy	ar a	approxin	nately too du	le0 rin	yards f ug a rou	rom	pulled check.		
								• • • •			
NAME OF PREPARER		Sic	SNATU	SE		TELE	PHONE NUMBER	••••	DATE		
		}						:.			
NAME OF SUPERVISOR		SM	<b>S</b> NATUI	RE.		TELE	PHONE NUMBER		DATE		

(Local Reproduction Authorized)

WS FORM 160-R (June 99)

# U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANIMAL DAMAGE CONTROL

thisTRUCTIONS: This form is for use as directed by supervisor following the injury or death of domestic animals or threatened/endangered species by ADC equipment or actions. Complete all applicable Items, additional questions are on reverse side of

	REPO		URY OR DEATH O GET ANIMAL	this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal II possible.					
			1. DESCRIPTION OF	FANIMAL			2. IS TORT CLAIM	1 AMOUNT (Estimates	
ciecies		Breed	(il applicable)	Estimated	Age Class	Sex	LIKELY?	6	
	1 A	1	45	Weight	1	Male		1	
Slac	k Bear		NA	80 lbs.	Tyr.	Female	TYES TO NO		
NAME O	F OWNER OF AP	VIMAL			4A ACCIDENT LO	CATION (neerest ci	intown, ranch or highw	ay Intersection)	
	MA	4							
Ireel Add	ress/P.O Box				1			1/0	
					COUNTY/PARISH		STATE	УП	
ity/Town					48. LAND CLASS	Name of Property	Owner or Land Managi	ng Office	
late	Zip Code	Phone No.		Private	Street Address/P	.О. Вож			
		( )			BLM				
C. LAND O	PERATOR (Lesse	IN DIE AND ADE	DRESS		USFS	City/Town		•	
					State				
					1Dither		Code Phone	No.	
						VA			
				S. DEATH					
dicate disp	position of anima	Date	of injury or death	Cause: (If Injury,					
	red.	L	1.30-07	Pulle	dan r	17-44 C	yanide e	lector.	
anju				1 001.0			100.1100	7	
A WAS AU	TOPSY CONDUC	CTED OR SAMPLE	SB. BY WHOM		EC. FINDINGS				
	-/								
☐ Yes			a DID ANIMAL BELONG TO	CHANCE OF LESSEE	9. WAS AGREEM		In was contract	NITE PROPERLY POSTE	
IN AREA		CONTROL WORK	OF PROPERTY WHERE CO		S. WAS AGREEM	ENI CONNENI		READABLE CONDITION	
Yes	. □ No	NA	SEING DONE	DNo NA	AT Yes	□ No	Myes []	No	
_		ONDUCTING CONT	BOL WORK	12 STEPS TAKET	TO PREVENT REC	IRRENCE			
I; NAME C	or Elections of								
				N	A				
DEDORT	OF INCIDEN	T. Auseb addiso	nal sheets are necessary. Altack	statements of vites	man abstance of a		lancing and observed	Control of the control	
			ENDANGERED (TAE) SPECIES I					Pro and anima is possible	
a, pre garge			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	1	AU							
		1011							
WAS THE	SPECIES PREVI	DUSLY KNOWN TO	EXIST IN AREA? Yes	☐ No					
				CHEMICAL	10-2-0-20-20-20-20-20-20-20-20-20-20-20-2	er e			
A TYPE		15. STRE	<b>VGTH</b>	16. REGISTRATE	ON NO.		17. CARRIER BAIT		
Sodiu	1	9	1.06%	5102	28-15		M-H	H	
	anide						(11		
IB. SYMPT	OMS EVIDENT	Seed !	oiack bear u	was for:	nd	19. TIME ELAPS	SED FROM INGESTION	20. ANIMAL'S PROXIM	
11-4-	1 0003					NA		(of yards	
Leo	yards	away				101		( Do you as	
Sale Sale				<b>MECHANIC</b>	2, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				
1. TYPE		1.5 DESC	RIBE SET:	22. ESTIMATED	TIME ANIMAL IN EC	NUIPMENT	23. DATE OF LAS	LEORINGELL CHECK	
		i							
		i						•	
4. NATURE	E AND PURPOSE	OF CONTROL WO	RK BEING CONDUCTED (i.e., d	epredation request, r	rodeni control etc.)		000000	• •	
			0 ,					•	
	Denn	adotion	n of lives	stock hi	as occ	urred	in cure	۵.,	
	Depri	المالي المالي					••••	• •	
								•	
								••••	
								••••	
								•••	
								• •	

25. DESCRIPTION OF CONTROL SITE (Neurest residence, road, cooperal	or boundary ime)			
Livestock pasture				
•				
26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS A	ND GOOD JUDGEMENT	(Styns, Program Policy, State/Federal law)		
yes				
3				
27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL				
Bear was within a	soperate	ors livestock	pasture	and
pulled M-44 sodium	, cyani	de ejector.		
1				
28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL	TOOL?			
Tres DAG NA				
29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES PO	SSIBLE CLAIM OF NEG	LIGENÇE		
NA				
30. EMPLOYEE COMMENTS (attach additional page if necessary)		_		
Virginia Dept of Garantified office was notified Cooperators farm has with no other trouder	ne and	Inland Fisher	ries -	
off = wax notified	and rec	overed the a	rimal.	
Conserctors form box	been.	corked for the	e point	2 years
with no other troider	nts		,	
31. SIGNATURE OF EMPLOYEE				
				4-32-67
33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (Attach addition	nal page il nacessary)			
		,		•••
				•
			••••	•••••
			•••	•••
			•	•
14. SIGNATURE OF INVESTIGATING OFFICER	35. DATE	36. SIGNATURE OF SUPERVISOR		37. DASS • •
				1-8-7
		<u> </u>		0 0 0